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December 11, 2015

Ms. Linda Cohen, Esq.
Dinse, Knapp & McAndrew, P.C.
209 Battery St.
PO Box 988
Burlington, VT 05402

Delivered Electronically

RE: Docket No. GMCB-014-15con

Dear Linda:

Thank you for the application submitted by Genesis Healthcare, Inc. The information requested below is needed to complete our review. To expedite the review process, please provide the information using a table format where appropriate, consistent with the format used in the submitted application.

1. For each of the five Vermont facilities Genesis seeks to purchase (hereafter, the five facilities) provide the following information from the most recent CMS Nursing Home Compare website tabs:
 - a. Historical staffing information, including the comparison to state and national averages, and the percentage by which the facility deviates above or below such averages. Explain any plans to improve each below-average deviation;
 - b. List of quality measures that are lower than the state average. Explain the applicant's plan to improve each below-average measure;
 - c. Fines and/or payment denials from the penalties tab. Provide detailed information regarding all fines and payment denials.

2. For each of the four Vermont facilities currently owned by Genesis, provide the following information from the most recent CMS Nursing Home Compare website tabs:
 - a. Historical staffing information, including the comparison to state and national averages, and the percentage by which the facility deviates above or below such averages. Explain any plans to improve each below-average deviation;

- b. Quality measure information (provide in the better/worse table format used in the application). Separately identify quality measures that are below than the state average, and explain Genesis's plan to improve those measures;
 - c. Fines and/or payment denials from the penalties tab. Provide detailed information regarding all fines and payment denials.
3. Provide the current number of Medicare and number of Medicaid beds in each of the five facilities and the projected numbers of such beds after transfer of the facility to Genesis. Explain in detail any impact on access to Medicaid beds as a result of the purchase, including whether Medicaid Choices for Care patients will be allowed to remain in, or be admitted to, newly created private rooms.
4. Provide the patient admission criteria used currently in each of the five facilities, and the admission criteria Genesis will use upon assuming facility ownership.
5. Provide detailed information regarding all entities that currently provide mental health services and psychiatry services, including whether the providing entity is on-site or is a telehealth provider. Explain whether Genesis intends to change how such services will be provided, or by whom such services will be provided, after it assumes ownership.
6. Provide the name and description of contractors currently operating the food service at each of the five facilities and the cost per patient, per day. Explain whether Genesis intends to make changes after it assumes ownership.
7. For each of the five facilities, provide the projected renovation and fit-up costs to convert rooms to single occupancy. Identify these costs and clarify whether such costs are included in the financial tables.
8. Identify the number of beds and number of residents, if any, that will be displaced as result of the elimination of 52 beds by Genesis after it purchases the five facilities. Explain how the reduction in beds affects the number of Medicaid certified beds. If residents are displaced, explain the process for their relocation, including details regarding notice to residents, families, DAIL and the long term care ombudsman.
9. Identify any changes in staffing, or staffing allocation in the five facilities as a result of the reduction in number of beds. If no changes, explain why elimination of the beds does not affect staffing.
10. Provide the name of the current registered dietician, licensed pharmacist, professional activities director, occupational therapist, physical therapist, and speech therapist at each



of the five facilities and whether each is employed through a contract or directly employed. Explain whether Genesis will retain the same individuals for these positions, and any changes to their employment status. Confirm whether the costs for these positions are reflected in the financial tables.

11. Provide information about the six legal matters identified in Exhibit V.B.7 at F-1, including how an unfavorable outcome in one, several or all of the matters may impact the applicant's operations, financial position, cash flow, or ability to provide quality care to residents in its Vermont facilities.
12. Explain in detail the method used by Genesis to allocate its liability insurance, workers' compensation insurance, and health and dental insurance among its Vermont facilities, and if the expense for each facility reflects true cost. Explain how the same expenses will be allocated to the five facilities after purchase. Confirm and provide details about whether Genesis is self-insured for liability coverage.
13. Provide the policies, education and training materials used by Genesis to ensure that staffing and admissions criteria in each facility comply with the Americans with Disabilities Act.
14. Provide re-hospitalization rates for each of the four Vermont facilities currently owns and the five facilities it intends to purchase, including how these rates compare to state and national averages for re-hospitalization.
15. Explain whether the four Vermont facilities Genesis currently owns have separate Medicare wing(s). Explain whether Genesis intends to create separate Medicare wing(s) at any or all of the facilities it intends to purchase.
16. Provide the admission criteria used by Genesis at its four Vermont facilities, and the admission criteria Genesis intends to use at the five facilities. List, in order numbers of occurrence, the five most frequent reasons Genesis declines a patient admission at its Vermont facilities.
17. In each of its four Vermont facilities and each of the five facilities which it intends to purchase, provide the number of patients receiving hospice care and identify the agency or agencies that provides such service.
18. Provide documents evincing any and all lenders' commitments to finance the purchase of five Vermont facilities, as reflected in the financial tables (HCN bridge loan, HUD loan).



19. For each facility Genesis owns in Maine, Massachusetts, New Hampshire, Connecticut, Rhode Island and New York State, provide: (a) name of facility; (b) location; and (c) current overall CMS Nursing Home Compare rating for each reporting period starting January 2014.
20. Explain whether financial information concerning Medicare Revenue accounts for a 2.0% Medicare sequestration payment.

In responding, restate the question in bold font and respond in unbolded font. Send the original and two hard copies with a Verification Under Oath to my attention at the Green Mountain Care Board, 89 Main Street, Montpelier, Vermont 05620, and an electronic copy, with any excel documents me at donna.jerry@vermont.gov.

If you have any questions, please do not hesitate to contact me at (802) 828-2918.

Sincerely,

s/ Donna Jerry

Donna Jerry

Senior Health Policy Analyst

